



Office Use Only

Missouri Department of Conservation Application for Commercial – Miscellaneous Permits

Complete This Box. Please Print.

Name:	Business Name:
Address:	Business Address: (if different from home)
City, State, Zip:	City, State, Zip:
Home Telephone No.	Work Telephone No.
County:	Email:

Resident Falconry Permit (635-FAC).....\$100.00

Falconry permits shall remain valid for three (3) years from the date of issuance.

GENERAL INFORMATION

Date of Birth:_____ Class Applied for: (Circle One) **(Apprentice)** **(General)** **(Master)**

If **Apprentice**, list name, address and permit number of sponsor: Name:_____

Address:_____ Permit Number:_____

Years served in each class: Apprentice_____ General_____ Master_____

List below each bird to be possessed under this permit:

Species	Age	Sex	Date Acquired	Source
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NEW APPLICANTS

Date examination was taken _____. Date you were notified that you had successfully passed the examination_____.

Missouri's Sunshine Law requires that permit buyers' names and addresses are public records unless you specifically request that your information be closed.

☐ Check here if you **do not** wish for your name and contact information made available on mailing lists.

Signature constitutes acceptance of all rules pertaining to the permit according to the *Wildlife Code of Missouri Section 3 CSR 10-9.420*

Read and complete the reverse side before signing.

Applicant's Signature: _____ Date: _____

☐ Approved ☐ Disapproved
By: _____
Date: _____

DO NOT WRITE IN THIS SPACE
For Protection Division Only

Remit by Check, Credit Card (see back) or Money Order To:
Department of Conservation
Attn: Kurt Kysar
P.O. Box 180
Jefferson City, MO 65102

This is not a permit and does not entitle applicant to operate.

Payment Method

Total Amount Due \$ _____

☐ Check Enclosed (make check payable to ***Missouri Conservation Department***)

Check One: ☐ Visa ☐ MasterCard ☐ Discover

Charge my credit card number _____

3 Digit Security Code number _____ (this number is located on the back of your card)

Expiration Date _____ Phone # _____

(***required*** on all credit card orders)

Signature _____

Credit card holder agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.

Mail application to: **Missouri Department of Conservation**
 ATTN: Kurt Kysar
 PO Box 180
 Jefferson City, MO 65102-0180